

S/N: TBA

9/22/2003

Docket No.: KAW-305-USAP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No.: TO BE ASSIGNED

Confirmation No.: TO BE ASSIGNED

Applicant: Shuji AKIYA

Art Unit: TO BE ASSIGNED

Filed: September 22, 2003

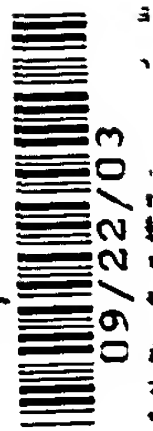
Examiner: TO BE ASSIGNED

Docket No: KAW-305-USAP

Customer No: 28892

For: Cross Dichroic Prism and Reflection Type Liquid Crystal
Projector Using the Same

22389 U.S. PTO
10/665549



UTILITY PATENT APPLICATION TRANSMITTAL

IN ACCORDANCE WITH 37 CFR §1.53 (b)

US Patent & Trademark Office
2011 South Clark Place
Customer Window, Mail Stop: PATENT APPLICATION
Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

Sir:

This application is a:

X New Application.

___ Continuation

___ Divisional of U.S.P.T.O. Serial Number _____, filed

_____.

___ Continuation in Part of U.S.P.T.O. Serial Number _____,
filed _____.

The undersigned has been authorized by the Applicant(s),

Shuji AKIYA

FOR: Cross Dichroic Prism and Reflection Type Liquid Crystal
Projector Using the Same

to file the attached specification and required drawings. Please
assign a serial number and accord a filing date to this prospective
application.

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Enclosed are:

26 pages of Specification,

2 page(s) of Claims,

1 page of an Abstract, and

16 sheets of Drawings. Total pages in the disclosure are 45.

X Return Receipt Postcard (MPEP 503).

X Application Data Sheet

X Newly executed, original Oath or Declaration with Power of Attorney

___ Signed Statement deleting inventor(s) named in prior application.

___ Applicant claims Small Entity status under 37 CFR §1.27.

X Assignment of the Invention and \$40.00.

X A certified copy of Priority Document.

___ A Preliminary Amendment.

___ Letter to the Official Draftsperson and amended drawing(s).

___ An Information Disclosure Statement (IDS)/PTO Form 1449.

X The basic filing fee of \$750.00.

X The fees for the claims to be calculated as follows:

Claims Presented		Less Entitlement		Additional Fees			
				Small Entity		Large Entity	
Total	9	Minus	20	x \$9=	0.00	x \$18=	0.00
Indep.	1	Minus	3	x \$42=	0.00	x \$84=	0.00
New Multiple Dependent Claims		-0-		x\$140=	0.00	x\$280=	0.00
And Claims Dependent Thereon		-0-		x\$140=	0.00	x\$280=	0.00
TOTAL ADDITIONAL FEE				0.00		0.00	

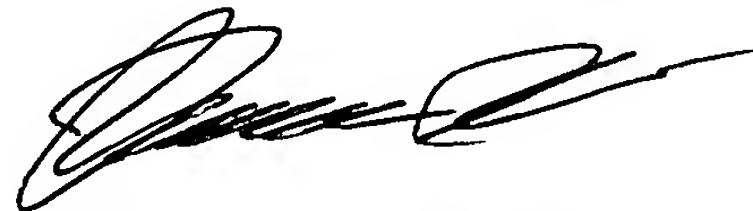
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X A check in the total amount of \$790.00 is enclosed to cover filing fee, Recordation of Assignment fee, and excess claims fee.

X The Commissioner is hereby authorized to charge to my Deposit Account No. 19-2816 any fees required under any of 37 CFR §§1.16 to 1.17 at any time during the pendency of this application.



Ronald R. Snider
Attorney of Record
Registration No. 24,962

Date: September 22, 2003

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